Aurora Medical Center - Manitowoc County

Healing Garden



Permanently honor a loved one with an outdoor brick purchase.

Gift and Recognition Form

Brick size and inscription grid space Donor's Name

4"x 8" Paver - \$200 (3 lines, 12 characters per line)

Bricks will be displayed in a public place; therefore, Aurora Health Care Foundation will review all inscriptions and contact you if any modifications to your message are necessary. Logos, graphics, phone numbers and Internet addresses are not permitted.

Use the grid below for your brick inscriptions. Write your inscription, one character per box. Note that spaces, dashes, parentheses and punctuation count as characters.

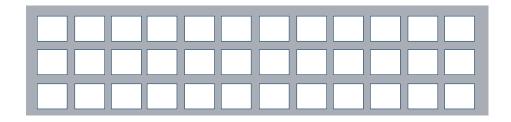
Please return form and payment to:

Aurora Health Care Foundation 3075 Highland Parkway Downers Grove, IL 60515

For questions, please call 877-460-8730.

Donor's Name						
Address						
City	_ State	_ Zip				
Phone						
Email						
Enclosed is my check payable to: Aurora Health Care Foundation						
To pay with a credit card, please visit give.aurora.org/healinggarden						
This gift is in \square memory \square honor of						
Please Notify						
Address						
City	_ State	_ Zip				
All honorarium/memorial gifts are acknowledged, but the amount of your gift remains confidential.						

4	"x	8"	Pa	avei	r –	\$20	00	
3	lin	es,	12	chai	rac	ters	per	line



My company will match my gift. Completed form enclosed.



We are AdvocateAuroraHealth